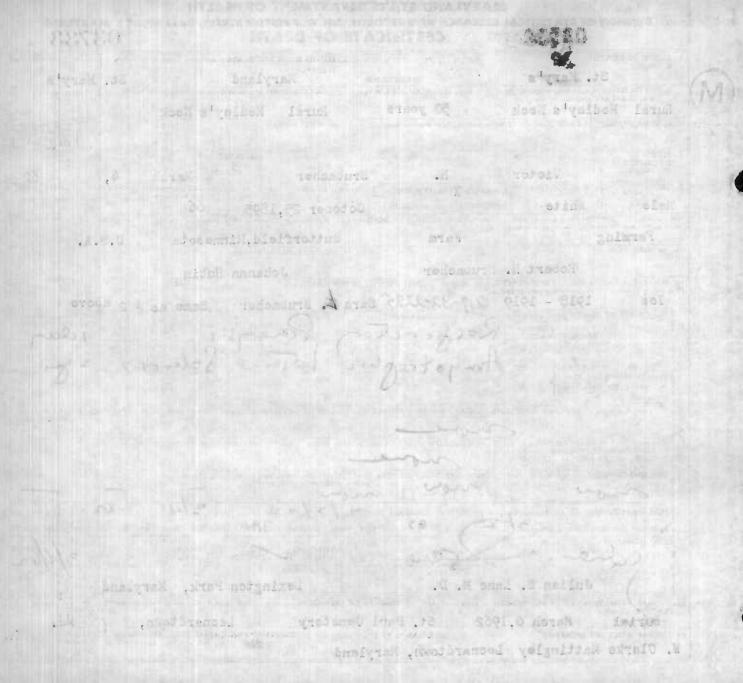
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3. NAME OF DECEASED (Type or print) No. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) No. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) No. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) No. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) No. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) No. USUAL OCCUPATION (Give kind of work done work done during most of working life, even if retired) No. USUAL OCCUPATION (Give kind of work done wo	DIVISION	021360373	. CENTIFICAT		ION STREET, BAL	O3	733
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Robert H. Brubacher Johanna Hubin 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (1783, no., or unknown) (Ifyses) inverved redesofservice) Yes 1918 - 1919 J/7-32-2285 Sara E. Brubacher Same as # 2 above 18. CAUSE OF DEATH [Enter only one cause par line for (a), (b), end (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if eny, which gever rise to immediate cause (a) Let To Conditions, if eny, which gever rise to immediate cause (b), staining the underlying cause lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS PER YES OR CONTRIBUTING CAUSE OF DEATH (I) EITHER, NOTITY MEDICAL EXAMINER) 200. ACCIDENT WAS UNDERLYING 200. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Pert II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (I) (this hospital) attended the deceased from factory, street, office bidg., etc.) 21. I certify that (I) (this hospital) attended the deceased from factory, street, office bidg., etc.) PHYS. DIRECTOR PHYS. 224. ADDRESS NAME (Type) Julian S. Lane M. D. Lexington Park, Maryland	Farming	TION (Give kind of work prking life, even if retired)	b. KIND OF BUSINESS OR INDUSTI	Butterfie	uniy & Stete, or foreign could, Minne so ta		
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	saw the decea	sed alive on	19.62, and that	ATTENDING PHYS. 22d. ADDRESS	DIRECTOR PHYS.	ises and on the	
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY BUTIAL 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY St. Paul Cemetery Leonardtown, Md. 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE	Burial	March 6,196	23c. NAME OF CEMETERY 52 St. Paul (OR CREMATORY Come tery	23d. LOCATION (Cit	OWN .	(Steta

MARYLAND STATE DEPARTMENT OF HEALTH



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MARYLAND STATE DEPARTMENT OF HEALTH

13237 03737 CERTIFICATE OF DEATH 03734

a. COUNTY			2. USUAL RESIDEN	ICE (Where deceased lived, If b. COU)		ce before edmission)
	. Mary's	MARYLAND		yland	St. Mar	y's
b. CITY OR TOWN write RURAL an	(if outside corporate limits, ed give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN	(If outside corporate limits, writ	e RURAL end give	nearest town)
Leonar		4 days	X Rural	Mechanicsvil	le	36.5
d. NAME OF HOSP	PITAL OR INSTITUTION (if not i	in hospitel, give streat eddress)	d. STREET ADDRESS			IS RESIDENCE ON A FARM?
	St. Mary's Ho	spital				YES NOT
3. NAME OF DECEASED	First	Middla	Last	4. DATE Mont	h Day	Year
(Type or print)	Almon	Mason	Clapp	OF DEATH Marc	h 2	19 62
5. SEX			B. DATE OF BIRTH	9. AGE (In years	IF UNDER 1 YEAR	IF UNDER 24 HRS.
Male		****	June 8,1886	last birthday)	Months Days	Hours Min.
10a. USUAL OCCUPA	TION (Give kind of work	Ob. KIND OF BUSINESS OR INDUST		nty & State, or foreign country)	12. CITIZEN C	F WHAT COUNTRY
	rorking life, even if retired)	Oderd 1 Commiss				
13. FATHER'S NAME	ffacer V. A.	Oivil Service	Washingto	on. D. C.	U.S.A	•
			14. MOTHER 3 MAIDEN	INAME		
Wil:	liam Ellis Cla	pp	Ella He			
(Yas, no, or unkown)	VER IN U.S. ARMED FORCES? (If yas give were orderes of service)	16. SOCIAL SECURITY NO. 17.	INFORMANT	Address	5	
Yes		Mr	s Ruth B. Clay	p Mechanic	sville. M	aryland
	DEATH [Enter only one cause	per line for (a), (b), and (c).]	< 0		INI	ERVAL BETWEEN
PART I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (e)	Tastwente	times ne	plasm	0.	1 MO
150	DUE TO	, my	L Lemos	Lau.		
Conditions, if an				nage		
geve rise to immed	diate cause					
(e), stating that causa last,						
	FR SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERM	INAL DISEASE CONDITION GIV	/FN IN PART 1/a) I	9. WAS AUTOPSY
Q	7	metartosis	Mren	,		PERFORMED?
5			1			YES NO X
OR CONTRIBUTING	VAS UNDERLYING [] 20b. G [] CAUSE OF DEATH Y MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCURE	D. (Enter nature of Injury in	Part I or Part II of Item 1B.)		
20c. TIME OF INJ			ACE OF INJURY (Home, fer	m, 20f. (City or town)	(County)	(Stete)
Hour a.m.		While Not While tac	A	""		
	that (I) (this hospital) :	attended the deceased from	June-	1961, 10 Man	3 1962	hat (D) (we) las
saw the decea	Mea	3011	1	M, from the causes		
22a. SIGNATURE	Sed alive pi	January, and ma	dealli occured al		and on me de	22b. DATE
228. 310111101	Kow Jun 5	hen	DUIVE	MED. STAFF		SIGNE
22c. PHYSICIAN	1		A.D. PHTS.	DIRECTOR FITTS		3/1/61
NAME (Type		er M. D.		anicsville, Mar	ryland	
	TION, 236. DATE THEREOF	23c. NAME OF CEMETERY		23d. LOCATION (City, to		(State)
REMOVAL (Specify	March 6,196	62 All Faith	Demetery	Charlotte Ha	11.	Md.
24 FUNERAL DIRECTO		ADDRESS		C'D BY REGISTRAR 25b. RE		
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June 3,1886

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Mrs. Ruth B. Disease | Recharding Ville, Maryland

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 03735

1.	a. COUNTY		2. USUAL RE a. STATE	Mary	9 1 60	LINITH C.	dence before admission
十	b. CITY OR TOWN (if outside corporate limits, write RURAL end give neerest town)		1 /		de corporate limits, w	rite RURAL end gi	3
	Leonardtown d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street e		d. STREET AI		neonar	a cowii	a. IS RESIDENCE ON A FARM? YES M NO
3	NAME OF First Middle		Last		ATE Mo	onth D	ey Year
1	(Type or print) George F.		Hebb	r	EATH Marc		1
1	Male 6. COLOR OR RACE 7. MARRIED MINEYER MAR		une 13.	1879	9. AGE (In year last birthday	11101111110 207	
H	te. USUAL OCCUPATION (Give kind of work one during most of working life, even if retired) Laborer Farm	OR INDUSTR		E (County & S	ale, or foreign count		A .
1;	. FATHER'S NAME		14. MOTHER'S A	MAIDEN NAME			
	Hanson Hebb		I	Lillia	n Ann Pe	rpha	
13	. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY as, no, or unkown) (Ifyesgivewerordatesofservice)			Hah	b 1342 N		nt Arro
-	18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end		osebit i	i. neo			INTERVAL BETWEEN
	DART I DEATH WAS CAUSED BY	Ellere	- Premis	xia.	Datemio	re, ma	ONSET AND DEATH
	Conditions, if any, which gove rise to immediate ceuse (a), steting the underlying cause lest. DUE TO DUE TO (c)	£ .					
CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DE	ATH BUT NO	T RELATED TO THE	E TERMINAL DI	SEASE CONDITION (SIVEN IN PART 1(0)	19. WAS AUTOPSY PERFORMED? YES NO
1	200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJUR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RY OCCURED.	(Enter neture of in	njury in Pert I o	r Part II of item 18.)		
MEDICAL	20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRET While Not While at work st work st work		CE OF INJURY (Ho ory, street, office bl		(City or town)	(County)	(Stete)
	21. I certify that (I) (this hospital) attended the deceased saw the deceased alive on March 22, 1952	sed from	death occured	19.5 19.5 19.5	from the cause	22,1952 s and on the	that (I) (we) last date stated above
	220. SIGNAYORE Greenwell-	м.		MED.	OR PHYS.]	3/22/6
	22c. PHYSICIAN'S NAME (Type) Charles Greenwell M	1. D.	22d. ADDRE	ss Les	nadlin	me	-
23	Burial 3/26/62 Our I		or crematory Chapel		LOCATION (City, Medley's		(Stote) Md.
24	FUNERAL DIRECTOR'S SIGNATURE ADDRESS W.Clarke Mattingley Leonardt	own,	Md.	Sa. REC'D BY	REGISTRAR 25b.	REGISTRAR'S SIGN	

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Charten Tremmell N.D.

Sunday - 13/26/62 - Our Ladyia Chepal : . . . edleris Ladyia Mid.

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(3. /E. Y		DIVISION	0373	RESEARCH AND REC		E OF DEA		ET, BALTIM	-	ST36	
VI)		PLACE OF DEATH			11	2. USUAL RESIDE	NCE (Whare	deceased lived, If	institution: Residen	ce bafore e	dmissic
	1	. COUNTY	Mary's	MARYLA	TAID	a. STATE Mary	land	b. COUN	St. Ma	rvis	
		b. CITY OR TOWN (if	outside corporate limi			c. CITY OR TOWN		porata limits, write			/n)
		write RURAL and	giva nearest town)	3 years		X Rural	Abel				
X			bell AL OR INSTITUTION I	if not in hospital, give street eddress	(2	d. STREET ADDRES				l e. IS R	ESIDEN
						16				YES	A FARA
7	3.	NAME OF	First	Middle		Last	4. DATE	Month	Day	Yea	-
		DECEASED (Type or print)	71174-			Hill	OF DEAT			10	60
	5.		Julia	Ann	P 1 0	DATE OF BIRTH		March 9. AGE (In years	20,	IF UNDER	62
	I _			7. MARRIED NEVER MARRIED			47.1	last birthday)	Months Days	Hours	Min.
	_	male	White	WIDOWED A DIVORCED	-	v.23,1875		OO yrs.			
4	do	ne during most of wor	ON (Give kind of work	k 106. KIND OF BUSINESS OR IN	NDUSTRY	11. BIRTHPLACE (Co			12. CITIZEN C		LOUNIE
		Howse w	ife	Home				Maryland	U.1	5.A.	
1	13.	FATHER'S NAME				14. MOTHER'S MAIDE	N NAME				
T		Je	mes Henry	Goode	-			Turner			
				CES? 16. SOCIAL SECURITY NO.	17. IN	FORMANT		Address			
	(10	s, no, or unkown) (If	yas give war or datas of s	service)	Mrc	Helen Pin	gleton	Ahell.	Marylan	1	
		Conditions, if any gave rise to immedia	ate cause		tern	disease					
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0	ICATION	PART II. OTHER		ITIONS CONTRIBUTING TO DEATH						PERFC	RMED
0	L CERTIFICATION	PART II. OTHER 200. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY)	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESCRIBE HOW INJURY OC						PERFC	NO [
0	MEDICAL CERTIFICATION	PART II. OTHER 20%. ACCIDENT WA	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESCRIBE HOW INJURY OC	CCURED.		in Part I or Pert			PERFC	RMED
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RYLAND STATE DEPARTMENT OF HEALTH 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND DIVISION OF STATISTICAL RESEARCH AND RECORDS. OF DEATH 1/2/62 mh Items 8 & 9 Film PLACE OF DEATH 2. USUAL RESIDENCE (Where decaesed lived, If Institution, Rasidence before edmission) a. COUNTY b. COUNTY St. Mary's Maryland MARYLAND St. Mary's b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 15 c. CITY OR TOWN (If outside corporate limits, write RURAL end give neerest town) in by write RURAL and give nearest town) 1/2 days Leonardtown Rural filled in Pages 1 Leonard town. d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. 15 RESIDENCE ON A FARM? YES NO letely St. Mary's Hospital 3. NAME OF Middle 4. DATE Month Year DECEASED (Type or print) DEATH Elizabeth 1962 Annie Latham March 16 6. COLOR OR RACE 7. MARRIED NEVER MARRIED AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. 8. DATE OF BIRTH 1877 and last birthday) Months 8935 yrs. law requires that the death certificate Female WIDOWED X DIVORCED e attending physician a Then please remove contoval, and in any event 12. CITIZEN OF WHAT COUNTRY? 10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY BIRTHPLACE (County & State, or foreign country) done during most of working life, even if retired) House wife Home Maryland U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME John R. Knott Lottie Copsey 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT Address. (Yes, no, or unkown) | (If yes give war or dates of service) Ella R. Latham Leonardtown, Maryland attending physician. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL SETWEEN ONSET AND DEATH I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) DUE TO gave rise to immediate cause DUE TO (e), stating the underlying PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e. WAS AUTOPSY CERTIFICATION PERFORMED? NO 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of item 18.) OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL (County) (Stete) 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, ferm, 20f. (City or town) 20c. TIME OF INJURY Month, Dey, Yeer fectory, street, office bldg., etc.) While Not While Hour e.m. may be retaine DIRECTOR: at work at work 21. I certify that (I) (this hospital) attended the deceased from. Oil 22e. SIGMATURE SIGNED th. Page 4 DIRECTOR 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) David L. Mossman M. D. Mechanicsville, Maryland ector, 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) 23a. BURIAL, CREMATION, 23b. DATE THEREOF Our Lady's Chapel March 19,1962 Medley's Neck. Md. 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) Clarke Mattingley Leonardtown, Maryland DA MAR 2 2 '62 Cathur & Hours

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200 A. J. C. C.

03741 CERTIFICATE OF DEATH Reg. Dist. No. 03738 with PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) o. COUNTY Filed b. COUNTY St. Mary s MARYLAND St. Mary s uneral b. CITY OR TOWN (If autside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) RURAL and give nearest tawn) shauld minutes Lexington Park Leonardtown d. NAME OF HOSPITAL (If not in hospital, give street oddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? OR INSTITUTION 2 75 East Rennell Ave YES NO PO 2 4. DATE OF DEATH NAME OF First Middle Last Manth Yeor 3-2-62 (Type or print) Lester Anne 19 Nancy 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED [7] B. DATE OF BIRTH 9. AGE (In years lost birthdoy) IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours white Female 3-2-62 WIDOWED [7] DIVORCED T YES. 10a. USUAL OCCUPATION (Give kind of wark done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 500 David Merrill Lester Janet Lee Williams 15. WAS DECEASED EVER IN U. 5. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Mother 98me 1B. CAUSE OF DEATH [Enter only one couse per line for (a). (b) and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: DUE TO Conditions, if any, which gave rise to immediate DUE TO cotse (o), stoting the underlying cause last PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO T 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I at Part II of item 18.) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY IHome, form, 20f. (City or town) (County) (Stote) Not while factory, street, affice bldg., etc.) Hour a.m. While of wark of work p. m. 21. I certify that I attended the deceased from that I last saw the deceased and that death occurred at 9.3 M, from the causes and an the date stated above. alive on ADDRESS (Street, city or town, stote) DATE SIGNED ACTUAL SIGNATURE PHYSICIAN'S James P. Great Mills, Md. NAME (Type) Jarhoe S. S. 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) 23. FUNERAL DIRECTOR'S SIGNATURE 24b. REGISTRAR'S SIGNATURE ADDRESS 24g, REC'D BY REGISTRAR Octoma & Kroma 6 '62 DATE MAD

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

1) 11/21/15

1	_	3742	Tte	CERTIFIC M 8 Film G310	ATE OF			T, BALTIM	ORE 1, MA	3789
	PLACE OF DEA!	St. Mary	rts ,	MARYLAN	e. STAT	RESIDEN Mar	yland	b. COUN	TY	Mary s
	writa RURAL a	nd give neerest too	wn)	12 hrs	11/ -	ıral	Madd			
				ospital, giva straet address)		ET ADDRESS		.O.A.		a. IS RESIDENCE
	NAME OF DECEASED	o rary	First	pital_	Las	1	4. DATE OF	Month		Yeer
	(Type or print)		illiam	Alexander	-	7.5	DEATH	March		
	sex Male	White	7, 1117.66	ED NEVER MARRIED DIVORCED	May 5	7 8/7/4	9.	AGE (In years last birthday)	Months Deys	Hours Min.
10a	. USUAL OCCUPA	TION (Give kind	of work 1Db.	KIND OF BUSINESS OR IND	JSTRY 11. BIRTHI	LACE (Cour	nty & State, or	foreign country)	12. CITIZEN	OF WHAT COUNTR
doi	Farmi		if retirad)		Cha	rles	Count	y, Md.	U.S.	Α.
13.	FATHER'S NAME				14. MOTHE	R'S MAIDEN	NAME			
		William				Juli	ia Fre	eman		
15. {Ye	WAS DECEASED I	(Ifyesgivewerord	ED FORCES? 16 etes of service)		7. INFORMAN			Address		
	10. 000100			line for (a), (b), and (c).]	Michael	Woli	e e	Maddox	c, Mary	Land
	Conditions, if a geve rise to imme (a), stating the cause last.	diate ceuse underlying	(b)		nofic					
CERTIFICATION	20e. ACCIDENT OR CONTRIBUTION	WAS UNDERLYING G CAUSE OF D Y MEDICAL EXAM	POTO 20b. DE	SCRIBE HOW INJURY OCCI	SPI	VE-	MANY	YEARS	DURATION	19. WAS AUTOPSY PERFORMED? YES NO
MEDICAL	20c. TIME OF IN Hour e.m		Dey, Yeer 20d Whi 19 et we	le Not While	PLACE OF INJURY fectory, street, off			or town)	(County)	(State)
		that (I) (this	7 /20/	ded the deceased from 19and	//			Man 2 the causes		tha (I) (we) la date stated abov
	22a. SIGNATUR	Hoy	Lu	the	M.D. ATTEND	K	MED. DIRECTOR	STAFF PHYS.		22b. DATE SIGNE
	NAME TYPE	-/ -	Roy Guý	ther M.D.	22d. A		icsvi	Lle, Ma	ryland	
23a	BURIAL, CREMA		24/62	Dentsvi			Dent	svilla	,	(Stete) Md.
24	FUNERAL DIRECTO	or's signature ke Matt:	ingley	Leonardto	m, Md.	25a. RE	MAR 2 7	25b. REC	distrar's signi	ATURE CALL

MARYLAND STATE DEPARTMENT OF HEALTH

y ,	-	PLACE OF DEATH	03743			- 11	OF DEAT		d lived If institut		No.0374
45		. COUNTY	Bilinana 1		MARYLA		STATE		b. COUNTY		À
1		. CITY OR TOWN	Mary's	ts, write	c. LENGTH OF STAY IN	1b c.	CITY OR TOWN (I		prote limits, write R	St. Maj	
		RURAL ond give	nearest town)		39 minut	1	Hollywo				
8			PITAL (If not in hospital, o	ive street o		-	STREET ADDRESS				e. IS RESIDEN
		OK INSTITUTION	St. Mary's	Hosp	ital						ON A FAR
	3.	NAME OF DECEASED	Fir	st	Middle		Last	4. DATE	Mor	ith	Day Year
		Type or print)					Norris	OF DEATH	3-2-62		19
	5. S		6. COLOR OR RACE	7. MARRI	ED NEVER MARRIED	B. DAT	E OF BIRTH		9. AGE (In years lost birthdoy)	Months Do	EAR IF UNDER 24
	_	emale	white	WIDOWE		_	3-2-62		yrs.	Months Do	ys Hours 3
	10a	. USUAL OCCUPAT during most of wo	ION (Give kind of work orking life, even if retired	done 10b. I	CIND OF BUSINESS OR	NDUSTRY 1	1. BIRTHPLACE (Sto	ote or foreign o	ountry)	12.CITIZEN	OF WHAT COUN
							Maryle				
	13.	FATHER'S NAME				14.	MOTHER'S MAIDEN	NAME			
		Joseph	Aloysius No	rris			Dorothy 4	ann Bla			
	15. (Yes	WAS DECEASED EV	/ER IN U. S. ARMED FOR	CES? 16. S	SOCIAL SECURITY NO.	INFORM			Add		
		no			no	Mo	ther	1		above	
			EATH [Enter only one co		e for (4), (b), and (c).]		4.	4			NTERVAL BETWE
		PART I. DE	EATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	Pre.	ma	lun	Щ			NASET AND DEA
		771	DUE TO		0						
		Conditions, if		1		141.6					
		gove rise to couse (a), stating	immediate (7	.,			
		lying couse lost)			91,115				
)	CATION	PART II. O'	THER SIGNIFICANT CON	DITIONS CO	ONTRIBUTING TO DEAT	H BUT NOT R	ELATED TO THE TER	MINAL DISEAS	E CONDITION GIV	EN IN PART 1(19. WAS AUTO
	CAT										YES NO
	RTIF	20a. ACCIDENT W	VAS UNDERLYING A IG CAUSE OF DEATH IY MEDICAL EXAMINER)	20b. DESC	RIBE HOW INJURY OCC	URRED. (Ente	r noture of injury i	in Port I or Por	t II of item 1B.)		
	L CE	(IF EITHER, NOTIF	Y MEDICAL EXAMINER)								
	MEDICA	20c. TIME OF INJU		ar 20d. IN While	JURY OCCURRED 20		INJURY (Home, for		or town)	(Cour	nty) (S
	ME	p. m.	10	al work		1			/		
		21. I certify t	that attended the	decease	ed from 3/	2	19 12 19	3/	2 1962	that I last :	saw the dece
		alive an	13/26	196	and that d	eath occu	rred at 837	M. from	the causes an		
н	١,		1	7	100				treet, city or town,		DATE SU
	1	ACTUAL SIGNATURE	Dec -	. 8	an///9	M.D.					3/3/6
	8	PHYSICIAN'S	1	/\/							101
		NAME (Type)	Dr. James	P. / J	rboe		Great Mi	ills, M	d.		
	220	BURIAL, CREMATI	ON, 226. DATE THEREC)F	22c. NAME OF CEMETE	RY OR CREA	ATORY	22d. LOCA	TION (City, town,	or county)	(Stote)
	-	DEMOVAL (Specif	YN 2 - /	2	04	12. 5		The	1.1		2.1
	a	Mulal	0-0-0	6	31 10	ma		1 177	WALTER		no
	23.	FUNERAL DIRECTO	R'S SIGNATURE	8	ADDRESS	ma	24o. RE	C'D BY REGIS	TAR 24b.REGI	STRAR'S SIGNA	

. 121 (22.5) (0.11)

31	Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MA	PYLAND
FOR STATE	03744 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	03741
HEALTH DEPT.	1. PLACE OF DEATH • COUNTY St. Mary! S MARYLAND 1. PLACE OF DEATH • STATE Maryland Aryland St. Mary! S Maryland St. Maryland St. Maryland St. Maryland St. Maryland Maryland Maryland St. Maryland St. Maryland Maryland St. Maryland Maryland St. Mary	lence before admission)
r is necession of the same of Hearth	b. CITY OR TOWN (if outside corporete limits, write RURAL and give neerest town) C. CITY OR TOWN (if outside corporete limits, write RURAL and give neerest town)	
for your Soard	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street address) d. STREET ADDRESS d. STREET ADDRESS	IS RESIDENCE ON A FARM?
e funer fained state State Jeath.	Station Hospital, USNAS W.S./ Navel/Air/Station 3. NAME OF DECEASED By Alar Station By	YES NO X
th the sefter of	(Type or print) Thomas Michael OAKLEY DEATH March 7 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In yeers IF UNDER 1 YEAR	19 62 AR IF UNDER 24 HRS.
and 5 ma	Male Cauc. WIDOWED DIVORCED SEPT 19 1943 18 yrs. Months Days	Hours Min.
pes 1, 2 Page Page is 1 and 72	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) GREENVILLE, OHIO US	OF WHAT COUNTRY?
24 hc 9 Page 7M3. Page withi	13. FATHER'S NAME Marvin C. OAKLEY Martha SCHOOLER	
ithin Sive	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address	
ed wii m 18. ith fo ermit.	Yes 15 Sep 61 to 7 MAR 62 271 387 716 OFFICIAL NAVAL RECORDS	
executivities in the same in t	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Hemorrhage secondary to Laceration Liver	onset and peath 98 Minute
ould be in pend Office a burial-tr	936, 8 DUE TO	
should in 197.	Conditions, if any, which gave rise to immediate cause DUE TO	
icate endir niner sd as	ceuse last. (c)	
is certificated "pord" pord" pord "pord" pord "pord" pord "pord" pord pord pord pord pord pord pord pord	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e)	19. WAS AUTOPSY PERFORMED?
ER: The value of t	20b. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING COURSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of Injury In Pert I or Part II of Item 1B.) Crushed between two hangar doors at Hangar 109	
EXAMINE 16, writing the Chief R: Page 3 ior to buri	20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, ferm, 20f. (City or town) St. Ma. 1:442 wrk & March 7 1962 work & et work Hangar 109. USNAS. Patuxent River.	ry's Maryland
C EX icate to the OR: prio		nd in my opinion
MEDICAL te the certification forwarded L DIRECT sted agent,	death resulted from: Natural causes, Accident _X, Suicide, Homicide, Undetermined manner,	So-1, 6 11
TY ME: secute the be forw RAL DI signated	ACTUAL SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER William D.	DATE SIGNED BOYD
DEPE	NAME (Type) USNAS, Station Hospital, Patuxen Hod Private (Type) Leonard town	
ase as should or its d	220, BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, lown, or country) Transit& Burial 3/9/62 Greenville. Ohio	(State)
VS. A15ME	23. FUNERAL DIRECTOR STANDARD ADDRESS 248. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNA	
5M 7/59	P.B. Robinson - Leonardtown, Md. DATE MAR 12'62 Orthun S. A.	roug

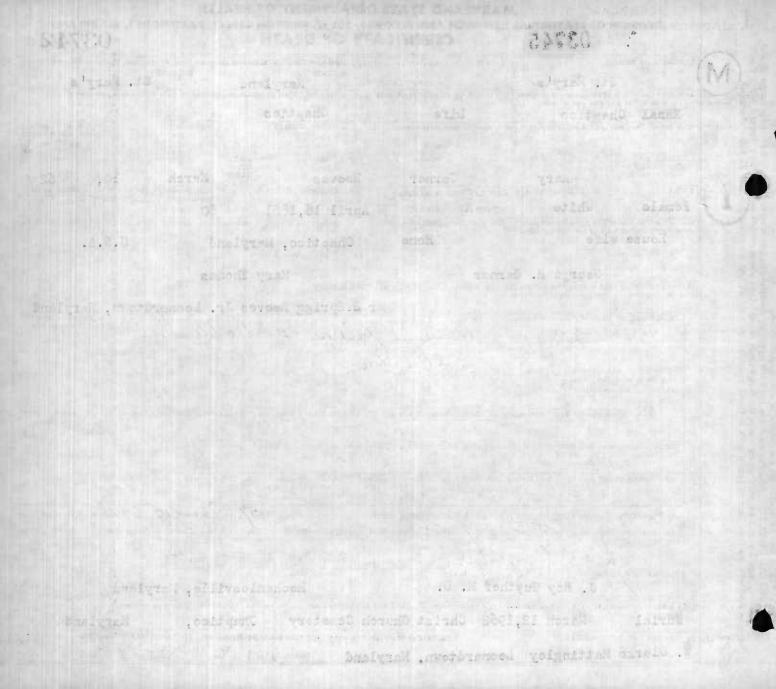
design to make the control of the co THE SHEET THE PROPERTY OF THE PARTY OF THE P OIL VILLE TO A STATE OF TAPENO PIETO POT was new the exect to remain ove no tree of the total BEAR, STORE HOSE LOLD CONTROL SATE

apletely filled in by the funeral capers. Pages 1 and 2 should in 24 hours after in 72 hours after death The law requires that the death certificate be executed TO HOSP TALL OR ATTENDING PHYSICIAN: The law requires that the death certificate be death. Page 4 may be retained by the hospital or attending physician.

PUNERAL DIRECTOR: After this certificate has been signed by the attending physician and corrector, page 3 should be detached for use as the burial-transit permit. Then please remove cart be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, we MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 03745 CERTIFICATE OF DEATH 03742

1. PLACE OF DEATH	2. USUAL RESIDENCE (Where decessed lived, if Institution: Residence before admission)
a. COUNTY	e. STATE b. COUNTY
St. Mary's MARYLAND	01 1/
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	- Javan Javan M
MXXXI Chaptico Life	X Chaptico
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)	d. STREET ADDRESS o. IS RESIDENCE ON A FARM? YES NO
3. NAME OF First Middle DECEASED	Last 4. DATE Month Day Yeer
(Type or print) Mary Garner	Reeves DEATH March 10, 1962
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In yeers IF UNDER 1 YEAR IF UNDER 24 HRS.
Female White WIDOWED K DIVORCED	April 16,1881 lest birthday) Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	
House wife Home	Ohaptico, Maryland U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
George R. Garner	Mary Thomas
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17	INFORMANT
(Yes, no, or unkown) (If yes give war or detes of service)	r S.Sprigg Reeves Jr. Leonardtown, Maryland
18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).)	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	failure - aortic ffenoser ONSET AND DEATH
IMMEDIATE CAUSE (0) Conclude	700000
DUE TO CSCVY	
Conditions, if any, which geve rise to immediate cause	
(a), stating the underlying DUE TO	
cause last. (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(*) 19. WAS AUTOPSY PERFORMED? YES \(\text{VS} \) NO \(\text{NO} \)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT 200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCUP OF CONTRIBUTING CAUSE OF DEATH UITE ITHER, NOTIFY MEDICAL EXAMINER)	ED. (Enter neture of injury in Pert I or Pert II of item 18.)
Hour e.m. While Not While	LACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) ectory, street, office bldg., etc.)
21. I certify that (I) (this hospital) attended the deceased from	n. 1957, to Mar 10 , 1962 That (1) (we) las
	at death occured atM, from the causes and on the date stated above
22e. SIGNATURE	ATTENDING MED, STAFF 22b. DATE SIGNED
y og sungs were	M.D. PHYS. DIRECTOR PHYS.
NAME (Aype). J. Roy Guyther M. D.	Mechanicsville, Maryland
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETER	
Buriai Specify) March 12,1962 Christ Chur	ch Cemetery Chaptico, Maryland
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
W. Clarke Mattingley Leonardtown, Mary	land DATE MAR 1 9 '62 arily & Krous



301 W. PRESTON STREET, BALTIMORE 1, MARYLAND PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY St. Mary's director. Page Maryland St. Mary's ō MARYLAND Iment b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Compton Yrs. Compton d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES A NO Stat 3. NAME OF First Middle Last 4. DATE Month Yeer DECEASED OF John Stewart 31 19 62 (Type or print) DEATH March 6. COLOR OR RACE 7. MARRIED THE NEVER MARRIED 5. SEX B. DATE OF BIRTH AGE (In yeers | IF UNDER 1 YEAR IF UNDER 24 HRS. last birthdey) Months Male Colored 1891 ENE WIDOWED DIVORCED MEDICAL EXAMINER: This certificate should be executed within 24 hours after te the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, an forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 m 3e 5 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) U.S.A. Hollywood, Maryland Farm Laborer File pages 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address permif. Yes no, or unkown) (Ifvesqive marordetes of service) and × i nnie Stewart 1353 to. St. S 1B. CAUSE OF DEATH [Enter only one ceuse per line for (e), (b), end (c). Office along PART I. DEATH WAS CAUSED BY: Caronary Infarct IMMEDIATE CAUSE (e) DUE TO Conditions, if eny, which (b) O geve rise to immediate cause DUE TO Examiner as (e), steting the underlying nsed ceuse lest. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(1) 19, WAS AUTOPSY CERTIFICATION writing the word 'e Chief Medical Ex Page 3 should be u PERFORMED? burial, YES NO X 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Pert II of item 18.) PRIMARY T or CONTRIBUTING T CAUSE OF DEATH. MEDICAL 20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, ferm, ' 20f. (City or town) (County) (Stete) fectory, street, office bldg., etc.) While Not While should be forwarded to the FUNERAL DIRECTOR: Pa et work et work 21. I certify that I took charge of the remains described above, held an Autopsy Inspection X Inquiry X and in my opinion death resulted from: Natural causes X Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S William D. Boyd M.D. NAME (Type) Address (Street, city, town, or county) 22a, BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) REMOVAL (Specify) 0 Arlington National Arlington, Burial 23. FUNERAL DIRECTOR 24a. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE VR A15ME Cuthung S. Huma Leonardtown, Md. W.Clarke Mattingley 5M 1/62

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Hellywood, Sneyland W.E.M.

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W. Clarke Martin Lay Constructions, Mc.

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MAN	ILAND SIAIE DEP	AKIMENI OF F	TEALIN
DIVISION OF STATISTICAL RESE	ARCH AND RECORDS,	301 W. PRESTON S	TREET, BALTIMORE 1, MARYLAND
03747	CERTIFICATE	OF DEATH	TREET, BALTIMORE 1, MARYLAND 03744

	LACE OF DEA	TH			2.	USUAL RESIDEN	ICE (Whare de			denca before a	dmission)
	S	t. Mary's		MARYLANI	D	a. STATE Mar	yland	b. COU	St.	Mary's	
b	write RURAL a	N (if outside corporata limit and give nearest town)	3,	c. LENGTH OF STAY IN 1	1b	c. CITY OR TOWN	(If outside corp	orate limits, writ	e RURAL and gi	iva neerest tow	vn)
1	Leonardt			10 hrs.		Leona	rdtown				
	. NAME OF HOS	SPITAL OR INSTITUTION (in	f not in hosp	ital, give straet address)		d. STREET ADDRESS	5				ESIDENCE
		St. Mary's	Hospi							YES [A FARM?
	NAME OF DECEASED	First		Middle		Last	4. DATE OF	Mont	h C	Day Yaa	r
(Type or print)	Reinde	rt		Tu:	inman	DEATH	March	14	19	62
5.	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	8. DA	TE OF BIRTH	9	. AGE (In years	-	AR IF UNDER	24 HRS.
1	Male	White	WIDOWED		0	et. 27.189	00	71 yrs.	Months Day	ys Hours	Min.
10a.	USUAL OCCUP.	ATION (Giva kind of work	10b. KI	ND OF BUSINESS OR INDU	_	BIRTHPLACE (Cou		foreign country)	12. CITIZE	N OF WHAT	COUNTRY
	Divil Se	working life, even if retired	3)		E.A.	Amsterdar	m .	Holl	and	U.S.A.	
	FATHER'S NAME				1 14.	MOTHER'S MAIDEN		11011	anu	0.D.A.	-
		Dadu Jana	m								
15.	WAS DECEASED	Reindert EVER IN U.S. ARMED FOR			7. INFO	E11Z8	beth L	Address			
(Yas	, no, or unkown)	(If yes give war or datas of se	rvice)								
	Yes	W W 1			Agne	s G. Tuinms	in L	eonardto	wn, Mar		
		F DEATH [Enter only one	cause per li	na for (a), (b), and (c).]		. 0	1 1			ONSET AND	
	PARI I. DE	ATH WAS CAUSED BY: IMMEDIATE CAUSE (a)_		Coron	ar	2 Clary	west			24/	ven
	-	O DUE TO				1				36 /	
	Conditions, if a	11.15									
	gava risa to imm	adiate causa									
	(a), stating the	underlying DUE TO									
	cause last.) (c)_									
0 N	PART II. OTI	HER SIGNIFICANT CONDIT	IONS CON	TRIBUTING TO DEATH BUT	NOT RE	LATED TO THE TERM	INAL DISEASE	CONDITION GIV	EN IN PART 1(e		RMED?
Y											NO 🗌
2	OR CONTRIBUTIN	WAS UNDERLYING NG CAUSE OF DEATH IFY MEDICAL EXAMINER)	20b. DESC	RIBE HOW INJURY OCCU	RED. (En	er nature of injury in	Part I or Part I	of item 18.)	100		
	20c. TIME OF IN		- 1204 13	NJURY OCCURRED 20a.	DIACEC	F INJURY (Home, far	- 1 206 ICin	t as tawn)	(County)		(State)
MEDICAL	Hour a.m		Whila			treet, offica bldg., et		01 10411/	(County)		(Jiala)
W.	p.n	n. 19	et work	at work		1	1				
	21. I certify	that (I) (this hospit	al) attend	ed the deceased fro	m	3./14	1962, to.	3/14	- 196.2	that (I) ((we) las
		eased alive on		19.62 and t							
	22e. SIGNATUR		1	200			/				. DATE
		WINX) /	3 2 x	M.D.	ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.		3/14/	SIGNED
	22c. PHYSICIAN	,		1		22d. ADDRESS				2/10/	4
	NAME (Ty	P° William D	. Boye	1 M. D.		Le	onardt	own, Mar	yland		
23a.	BURIAL, CREMA	ATION, 236. DATE THER	EOF	23c. NAME OF CEMETE	RY OR C	REMATORY	23d. LOC	ATION (City, to	wn or county)	(S	tata)
	EMOVAL (Speci	March 1		St. Alo	ysiu	S	Leon	ardtown,		Md.	
24	FUNERAL DIRECT	OR'S SIGNATURE		ADDRESS				TRAR 25b. RE		NATURE	
			Lean	rdtown. Marv							
8.9	*ATOT VG	THE COTTLETEA	neona:	rutown, Marv	Land	DATE	THIT I S O	6 C	rthur & #1	ralle	

O HOSPICAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed in 24 hours after death. Page 4 may be retained by the hospital or attending physician.

FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and pletely filled in by the funeral effect, page 3 should be detached for use as the burial-transit permit. Then please remove carb appers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event with 72 hours after death. VR A15 (4) 15M 7/61

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ARYLAND STATE DEPARTMENT OF HEALTH

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VR A15 (4) 15M 7/61

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 03749 CERTIFICATE OF DEATH

1. PLACE OF DEATH a. COUNTY					BIDEN	CE (Where	dacaasad livad, If		Residen	a befora	dmission)
0.1	Mary's		MARYLAND	a. STATE	10	Tand.	b. COUN	YTY	Man	pla /	varie.
b. CITY OR TOWN (in	f outsida corporata lim	its,	c. LENGTH OF STAY IN 1	c. CITY OR T	OWN (I	I outside cor	porata limits, write	e RURAL an	d give r	y B nearast tov	vn)
	giva nearest town)		7 1	Don	1	Was also				NRV	. 2
d. NAME OF HOSPIT		if not in hose	oital, give streat address)	d, STREET AD	-	nugne	sville		-	LOIN	ESIDENCE
	117911	U								ON	A FARM?
3. NAME OF	St. Mary's	Hospi		Box	144					YES 🔀	
DECEASED	First	^	Middle	Last		4. DATE OF	Montl	h	Day	Yea	
(Type or print)	Joseph		E.	Woodland		DEAT	H March	1	11.	19	62
5. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH			9. AGE (In years last birthday)			IF UNDER	
Male	Colored	WIDOWE		Nov. 3, 19	210	18.00	yrs.	Months	Days	Hours	Min.
10a. USUAL OCCUPATI	ON (Giva kind of worl	1Db. Ki	ND OF BUSINESS OR INDUS			ty & State, o	r fore n country)	12. CIT	IZEN O	WHAT	OUNTRY?
Laborer	king lifa, avan it rafira		il Service	Maryla	and			**	0		
13. FATHER'S NAME		1411	17 001 4700	14. MOTHER'S M		NAME		U	.S.		
	4374 am W										
	illiam Woo		SOCIAL SECURITY NO. 17.	Mary Do	orse	У	Address				-
(Yas, no, or unkown) (If	yas give war or datas of s	arvical			17	1 D.				1 - 1	د.
No			2-628-2709 A	lice M. Woo	Data	na, Bo	X 1449 1	rugnes	VII.	Le, M	10.
		cause par li	na for (a) (b), and (c).]		1	,				ERVAL BET	
PART I, DEATH	MMEDIATE CAUSE (a)		Goron	ary VA	ira	m 6	oses			3 00	100
1117	DUE TO										/
Conditions, if any	1111										
gava risa to immadia	ata causa								-		
(a), stating tha un	darlying DUE TO										
causa last.) (c)	TIONE CON	TRIBLITING TO BE A THE COLD	100 001 100 70 70	#F0 ()))	IAI DIFFACE					LIBOACH
PARI II. OTHER	SIGNIFICANT CONDI	IIONS CON	TRIBUTING TO DEATH BUT I	NOT RELATED TO THE	TERMIN	NAL DISEASE	CONDITION GIV	EN IN PART	[1(a) 15	PERFC	RMED?
3	yper	Ler	isere 1	V des	la	20			Y	ES 🗌	NO X
Z PART II. OTHER V 20a. ACCIDENT WA OR CONTRIBUTING UIF EITHER, NOTIFY	AS MIDERLYING	20b. DESC	CRISE HOW INJURY OCCUR	ED. (Enter nature of in	jury in F	Part I or Part	II of item 18.)				
(IF EITHER, NOTIFY	CAUSE OF DEATH										
20c. TIME OF INJUI	RY Month, Day, Ya	ar 20d. I		LACE OF INJURY (Hor			ty or town)	(Cou	nty)		(State)
20c. TIME OF INJUI		While at work	P	actory, streat, office ble	dg., atc.	.)	9				
-	19	1		ha a		125	Mari	11			
21. I certify th	nal (1) (this hospi	tal) atlend	led the deceased from			196.20				nat (I)	
saw the decease	ed alive on	J. 1.	19/0, and th	at death occured	at	R.M. fro	m the causes	and on 1	he da	te state	d above
22a. SIGNATURE	1/2	9	TT.	M.D. ATTENDING	A	AED.	STAFF			22b	, DATE SIGNED
	Moy &	Luy	Vher,	M.D. PHYS.	D	RECTOR	PHYS.				JIOINES
22c. PHYSICIAN'S	1 - 1	0		22d. ADDRES	55	571 110					
NAME (Type)	J. Roy Gw	yther			Me	chanic	sville,	Maryl	and		
23a. BURIAL, CREMATIC	ON, 236. DATE THE	REOF	23c. NAME OF CEMETER	Y OR CREMATORY		23d. LO	CATION (City, to	wn or count	у)	(5	tata)
REMOVAL (Spacify) Burial	3-14-62		St Marys			Brv	antown, 1	Marvla	and		
24 FUNERAL DIRECTOR			ADDRESS	21	Sa. REC		STRAR 25b. RE			URE	
		me. Wa	aldorf, Maryla	3				rthur S.			
THE HUITOU	1 00101 011 110			D/	ATE MI	AR 15'	12 1 4	<i>∠</i> .	7 0000		

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poletely filled in by the funeral spers. Pages 1 and 2 should 72 hours after death 24 hours after O HOSP, AL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with Page 4 may be retained by the hospital or attending physician.

FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and protector, page 3 should be detached for use as the burial-transit permit. Then please remove cart be spers. be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event within 72 h

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 03747

03750	CERTIFICATE OF DEATH
PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If Insti

e. COUNTY	. Marv's	MARYLAND	a. STATE Maryle		Institution: Residence before add	mission
b. CITY OR TOWN (if outside corporate limits, write RURAL and give neerest town)			c. CITY OR TOWN (If outside corporete limits, write RURAL and give neerest town)			
Leonardto		7 days	X Rural	Hollywood		
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street address) St. Mary 8 Hospital			Box 140 a. IS RESIDEN ON A FAR YES \[\sqrt{NO.} \]			
						10 K
3. NAME OF DECEASED (Type or print)	First	Middle V	Zafiros	4. DATE Month OF DEATH March	Day Yeer	52
S. SEX	6. COLOR OR RACE 7. MARR	RIED XX NEVER MARRIED 1 8.	DATE OF BIRTH	9. AGE (In years	IF UNDER 1 YEAR IF UNDER 24	
Female	White WIDOW		Sept. 8, 12, 190	8 53 yrs.	Months Deys Hours	Min.
10a. USUAL OCCUPATION done during most of wor Operator 13. FATHER'S NAME	king lile, even if retired)	& P Telephone		Washington, D.	12. CITIZEN OF WHAT COL	UNTRY
			Nora ?			
	rles Alexander		NOTE & VEORMANT Address			
	yes give wer or detes of service)				and Manuel and	
1 18 CAUSE OF D	EATH [Enter only one cause pe	577-05-0532 Ale:	kandrea J. Za.	ilros nollywo	INTÉRVAL BETW	FEN
PART I. DEATH	WAS CAUSED BY:	rears of	ar ler	re	ONSET AND DEA	
Conditions, if eny geve rise to immedia (e), stating the ur	ate ceuse	econ.	an en	wou		-
cause last.	derlying (c)	1 2 m	ver.		ra	
PART II. OTHER	SIGNIFICANT CONDITIONS CO	ONTRIBUTING TO DEATH BUT NO	- A	of the Condition Give	PERFORA	TOPSY MED?
PART II. OTHER 200. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	AS UNDERLYING [20b. D CAUSE OF DEATH MEDICAL EXAMINER)	ESCRIBE HOW INJURY OCCURED.	(Enter natura of injury in Pa	art I or Part II of item 18.)		
20c. TIME OF INJUI Hour e.m.	Wh		CE OF INJURY (Home, ferm, pry, street, office bldg., etc.)	20f. (City or town)	(County) (St	tete)
		ended the deceased from 6.219f, and that				
226. SIGNATURE	bu	carban	ATTENDING MI	ED. STAFF RECTOR PHYS.	22b. (DATE
22c. PHYSICIAN'S NAME (Type)	Michael Barb	erich M. D.	329 Great	Mills Rd. Lex	ington Park, M	d.
23a. BURIAL, CREMATION REMOVAL (Specify)	ON, 23b. DATE THEREOF	23c. NAME OF CEMETERY Congression		23d. LOCATION (City, low 1801 E.Street	vn or county) (State S.E. Wash. D.	-
24 FUNERAL DIRECTOR		ADDRESS	25a. REC'	D MY REGISTRATE 256. REC	GISTRAR'S SIGNATURE	
W. Clarke M	ttingley Leons	rdtowna Marylan		the decided	Outline & House	

VR A15 (4) 15M 7/61

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